REMARKS

DISCUSSION OF SPECIFICATION

The abstract of the disclosure is objected to because the length exceeds 150 words. In response thereto, the abstract of the disclosure has been amended to not exceed 150 words. Withdrawal of the objection is respectfully requested.

DISCUSSION OF CLAIMS

In the Office Action, claims 1, 3-5, and 19 are rejected under 35 U.S.C. §102(e) as being anticipated by U.S. Patent No. 6,714,823 to De Lurgio et al.

In the Office Action, claims 19 and 21 are rejected under 35 U.S.C. §102(e) as being anticipated by U.S. Patent No. 6,383,146 to Klint.

In the Office Action, claims 7 and 21 are rejected under 35 U.S.C. §103(a) as being unpatentable over U.S. Patent No. 6,714,823 to De Lurgio et al. as applied to claims 5 and 19 above, and further in view of U.S. Patent No. 5,746,701 to Noone.

In response thereto, claims 1 and 19 have been amended and new claims 38-40 have been added. Following is a discussion of the patentability of each of the pending claims.

Preliminary Matter

During a telephone conversation with Derrick Reed on December 1, 2004, a provisional election was made to prosecute the invention of a lead and device for delivering a lead, claims 1-36. Affirmation of this election is made by Applicants. Claim 37 is withdrawn from further consideration by the Examiner as being drawn to a non-elected invention. Additionally, claims 2, 6, 8-18, 20, and 22-36 have been withdrawn from consideration in a reply filed on September 27, 2004.

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Independent Claim 1

Claim 1 recites an implantable stimulation lead system comprising a lead and a device dimensioned for insertion within the lead. The lead includes a lead body dimensioned for placement inside the coronary sinus region. The lead body has at least one electrode positioned at a distal end of the lead body, and the distal end of the lead body includes a distal tip. The lead further has a lumen extending the length of the lead and communicating with an aperture in the distal tip. The device is dimensioned for insertion within the lumen, and the device includes a main body and a flexible distal portion secured to a distal extremity of the main body. The main body has a length such that, with the main body of the device substantially completely advanced within the lead, the flexible distal portion of the device projects distally from the aperture in the distal tip of the lead body. The combined length of the main body of the device and the flexible portion of the device is slightly longer than the lead body.

The De Lurgio et al. reference discloses an implantable stimulation lead system comprising a lead (32) and a stylet (42) (see Figures 3 and 4). The stylet, with its attached distal coil (44), is inserted into a central channel of the lead so that the distal coil protrudes through a valve (38) and out of a body (34) of the lead. The specification states that the amount of protrusion can be adjusted to the desired length. However, nowhere does the De Lurgio et al. reference disclose or suggest that the combined length of the main body of the device and the flexible portion of the device is slightly longer than the lead body.

The Klint reference discloses a guidewire comprising a distal end (2), a shaft portion (4), and a proximal end (3) (see Figure 1). Nowhere does the Klint reference disclose or suggest that the length of the guidewire is slightly longer than that of a lead body. According to the specification of the present application (see page 3, line 30 through page 4, line 4), typical guidewires are relatively long, for example, 160 to 180 cm in overall length or about twice as long as the lead that is to be implanted. A guidewire of such length is necessary because after the guide wire has been advanced

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into position within the target coronary vein, the proximal portion of the guidewire projecting from the introduction portion must be long enough to receive the lead. As such, it appears that the guidewire illustrated in Figure 1 of the Klint reference is substantially longer than a lead that is intended to be placed thereby.

The Noone reference discloses a guidewire which achieves flexibility in the distal portion by having a plurality of notches cut into a body of the guidewire. In an embodiment illustrated in Figure 10, the guidewire (100) comprises a main body (101) and a flexible distal portion (103 and 106). However, nowhere does the Noone reference disclose or suggest that the combined length of the main body of the guidewire and the flexible distal portion of the guidewire is slightly longer than a lead that is intended to be placed thereby. For the same reasons discussed above with the Klint reference, it appears that the guidewire of the Noone reference is most likely substantially longer than a lead that is intended to be placed thereby.

Accordingly, it is respectfully submitted that claim 1 is in condition for allowance.

Dependent Claims 2-18, 38, and 39

Claims 2-18, 38, and 39 depend from claim 1 and are similarly patentable. Accordingly, it is respectfully submitted that these claims are in condition for allowance.

Independent Claim 19

For at least the same reasons discussed above with regards to claim 1, it is respectfully submitted that amended claim 19 is in condition for allowance.

Dependent Claims 20-25 and 40

Claims 20-25 and 40 depend from claim 19 and are similarly patentable. Accordingly, it is respectfully submitted that these claims are in condition for allowance.

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CONCLUSION

In light of the above claim amendments and remarks, it is respectfully submitted that the application is in condition for allowance, and an early notice of allowance is requested.

Respectfully submitted,

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